

Attorney Docket No.: 003764.P180

Confirmation No.: 4544



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)

Robert Ainsworth, et al.)

Serial No.: 09/872,310)

Filed: May 31, 2001)

For: CATHETER WITH OPTICAL)
FIBER SENSOR)

Examiner: LIN, Jeoyuh

Art Unit: 3737

#8/A

RECEIVED

SEP 09 2003

TECHNOLOGY CENTER R3700

MS: Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office Action mailed June 5, 2003, for the above-identified application, please enter the following amendments and consider the following remarks.

FIRST CLASS CERTIFICATE OF MAILING

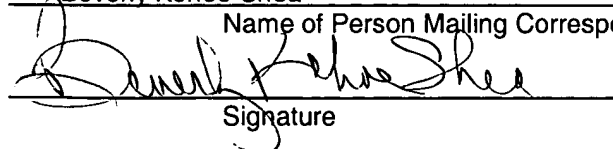
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to MS: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on September 5, 2003

Date of Deposit

Beverly Kehoe Shea

Name of Person Mailing Correspondence


Signature

September 5, 2003

Date



3737

Attorney's Docket No.: 003764.P180

Patent

In re the Application of: Robert Ainsworth, et al.
(inventor(s))

Application No.: 09/872,310

Filed: May 31, 2001

For: Catheter with Optical Fiber Sensor

Mail Stop Non-Fee Amendment (title)
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

SIR: Transmitted herewith is an Amendment for the above application.

 Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

 A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

 X No additional fee is required.

 Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences with corresponding check in the amount of \$320.00 is enclosed.

The fee has been calculated as shown below (FY 2003):

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 39	Minus	** 39	0
Indep. Claims	* 8	Minus	*** 8	0
<input type="checkbox"/>	First Presentation of Multiple Dependent Claim(s)			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X42	\$
+140	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$ 0
X84	\$ 0
+280	\$
Total Add. Fee	\$ 0

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on September 5, 2003
Date of Deposit

Beverly Kehoe Shea

Name of Person Mailing Correspondence

Beverly Kehoe Shea
Signature

9/5/03
Date

_____ A check in the amount of \$_____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

 X Pursuant to 37 C.F.R. 1.136(a)(3), applicant(s) hereby request and authorize the U.S.
Patent and Trademark Office to (1) treat any concurrent or future reply that requires
a petition for extension of time as incorporating a petition for extension of time for the
appropriate length of time and (2) charge all required fees, including extension of time
fees and fees under 37 C.F.R. 1.16 and 1.17, to Deposit Account No. 02-2666.

_____ A check for \$_____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ A check for \$_____ is attached for processing fees under 37 C.F.R. § 1.17 for a Request
for Continuing Examination (RCE).

_____ Please charge my Deposit Account No. 02-2666 the amount of \$_____.

A duplicate copy of this sheet is enclosed.

 X The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the
following fees associated with this communication or credit any overpayment to Deposit Account
No. 02-2666 **(a duplicate copy of this sheet is enclosed):**

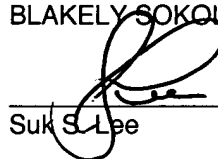
 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

 X Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: September 5, 2003

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